

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
Bureau of Health Care Eligibility
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TO: Medicaid Eligibility Management Handbook Holders

FROM: Cheryl McIlquham, Director
Bureau of Health Care Eligibility

RE: Medicaid Eligibility Management Handbook Release 04-01

DATE: February 27, 2004

The Medicaid Eligibility Handbook is now online. No more paper releases will be sent. The address for the handbook is <http://dhfs.wisconsin.gov/em/mahandbook/index.htm>

The changes noted in this cover sheet are incorporated into the online handbook. Anytime you access the online Medicaid Eligibility Handbook, it will reflect current policy. To be notified of MA Handbook releases by email, go to <http://dhfs.wisconsin.gov/em/policy-notification/signup.htm> enter your email address and check the "Medicaid" box in the "notification listing" section.

EFFECTIVE DATE

Release and effective dates are on each page in the upper left-hand corner. The first is the release date; the second is the effective date. Policy changes are noted with a vertical line. Deletions are noted with a horizontal line.

Implement the instructions at application, review, and change, or, if you wish, earlier. If there is a different effective date or implementation schedule, it will be noted below.

The following changes are included in this release:

CHANGES

Logic Flow

AFDC Financial Unit

The Income Test unit (AFDC related) was updated to delete references to asset tests for AFDC related MA. References to the "yellow worksheet" were replaced with the AFDC- Related Determination Worksheet.
(Worksheet 14)

Appendix

7.1.0, 38.1

Clarification was provided on what a recipient/applicant needs to do to comply with Medical Support Liability (MSL) requirements. The client complies with the Medical Support Liability requirement by signing the application form.

9.9

Clarification was provided on 2 of the 3 conditions which result in a recipient losing Medicaid Extensions.

Old Language

An Extension recipient loses eligibility if one or more of the following happens:

1. S/he fails to cooperate in providing third party health insurance coverage (TPL).
2. Except for pregnancy extensions, s/he fails to cooperate in assigning medical support rights.

New Language

An Extension recipient loses an extension if one or more of the following happens:

1. S/he fails to cooperate in providing third party health insurance coverage (TPL). Minors and dependent 18 year olds are exempt from any penalty for not cooperating with this requirement.
2. S/he fails in providing medical support liability information. Pregnant women, minors, and dependent 18 year olds are exempt from any penalty for not cooperating with this requirement.

11.4.1

Policy on deeming assets in joint accounts was modified to be consistent with Operations Memo 03-75.

Old Policy

Assign an equal share available to each client who is a holder of the joint account. "Equal share" means an amount in proportion to the number of account holders. If there are three holders, an equal share means each gets 1/3 of the account's balance. Prorate interest income from joint assets among the owners of the asset.

New Policy

Deem amounts from joint accounts differently depending upon if the account is shared with an EBD Medicaid applicant/recipient.

Consult 11.4.1 for more details on how to apply this policy.

11.7.21, 15.4.4	Policy on how to treat certain retirement accounts was changed. Refer to section 11.7.21. and 15.4.4 for clarification.
11.7.30, 15.2.28	A new subsection was added in both appendix 11 and 15 on how to treat income from State established funds to aid victims of a crime. Disregard any payments received from a state established fund to aid victims of crime.
11.7.4	<p>Information from Operations Memo 04-03 was incorporated into appendix 11. Annuities purchased on or after March 1, 2004 should be treated as available assets, except as described in 11.7.4.</p> <p>There were no changes on how to treat Annuities purchased before March 1, 2004.</p>
11.8.1.5	Clarification was provided on life estates. An example was provided on how to calculate divestment for life estates.
12.5.3	<p>Additional criteria for determining a child as a BadgerCare test child was added.</p> <p>New Criteria: Have a unmet deductible.</p>
12.8.0 , 30.11	<p>BadgerCare premiums were changed to comply with premium changes from the Biennial Budget.</p> <p>Old Policy The (BadgerCare) premium is calculated based on total family income and will be no more than 3% of that income amount.</p> <p>New Policy The (BadgerCare) premium is calculated based on total family income and will be no more than 5% of that income amount.</p>
15.5.14	Clarification was provided on how to treat Title V- income.

20.8.3	<p>Clarification was provided for when prepaid deductibles may be refunded.</p> <p>New Language Prepaid deductibles may be refunded if the client requests a refund of the prepayment prior to the begin date of the corresponding deductible period.</p>
19.7.2, 23.4.2 30.5.0, 30.5.1	<p>Sections of the handbook were updated to reflect the 2004 Cost of Living Adjustment effective January 1, 2004. These changes were originally communicated in Operations Memo 03-70.</p>
23.6.0	<p>The Standard Utility Allowance was updated to reflect new allowances in spousal impoverishment cases for heating, utilities, and telephone. These changes were originally communicated in Operations Memo 03-55.</p>
25.1.0	<p>A sixth criteria was added for individuals to be eligible for Community Waivers Programs. A person must:</p> <ol style="list-style-type: none"> 6. Have a disability determination if they are under age 65. (Disability is a non-financial eligibility requirement for Community Waiver programs for anyone under age 65.)
28.3.0	<p>The instructions in sub-section #5 on how to use the FFU table in 28.4.0 was corrected.</p> <p>Correct Language Follow the FFU size across to the columns on the left to include fetuses. For example, the income limit for a pregnant mom (one fetus) with one child would be found by looking under the row for FFU size two, and then moving over to the column for “number of fetuses” equal to one.</p>
34.2.2.3.1	<p>Clarification was provided on how to recoup overpayments to individuals or cases with MA or BC overpayments who are eligible for the Family Planning Waiver.</p> <p>New Language If the incorrect/ overpaid Medicaid benefits were “fee for service” medical claims paid by the state, recover the amount of benefits that were actually paid by the state minus any premiums which the client may have paid and the amount of any actual FPW services that were provided.</p>

If the incorrect / overpaid Medicaid benefits were paid by an HMO, recover the HMO capitation rate paid by the state minus any premiums which the client may have paid and the “average” (currently \$28.60) monthly cost of Medicaid FPW services

39.8.0

A new sentence was added in the Wisconsin Well Woman appendix on reviews.

New Language

A review for Wisconsin Well Woman only consists of receiving an updated HCF 10075.

Forms Appendix

The Table of Contents for the Forms appendix was change to reflect new form titles and numbers.

Due to changes in the unemployed parent policies communicated in Operations Memo 03-45 DES 2012 was obsoleted. AFDC related incapacity determinations are no longer performed.

Typo graphical errors

7.3.0

#3 should state:

Mother and father not married to one another and **paternity** has not been established by court action.